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May 8, 2003

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED – 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Garnik Markarian, in amount of \$7,788.75
Julio Rodriguez, in amount of \$10,047.76
Dung Uong, in amount of \$3,191.35
Adam Figueroa, in amount of \$5,203.55
Karen L. Allen, in amount of \$4,935
Daniel A. Cortez, in amount of \$4,643

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

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PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,

MARK J. SALADINO
Treasurer and Tax Collector

MJS:DA:tr
z:Comp.55
Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
LLOYD W. PELLMAN
County Counsel

By _____

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 55A
DATE: May 8, 2003

Amount of Aid	\$137,488.00	Account Number	10562362
Amount Paid	0.00	Name	Markarian, Garnik
Balance Due	137,488.00	Service Date	08/30/00 to 09/25/00
Compromise Amount Offered	7,788.75	Facility	LAC USC Medical Center
Amount to be Written Off	\$129,699.25	Service Type	Inpatient

JUSTIFICATION

Mr. Markarian was involved in a slip and fall accident. He was treated at LAC USC Medical Center at a cost of \$137,488.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 10,000.00	\$ 7,840.50	31.36%
Attorney Cost	1,478.48	1,478.48	5.92%
Dr. Khosrow Tabaddor	907.00	51.77	0.21%
County of Los Angeles	137,488.00	7,788.75	31.15%
Net to Client	N/A	7,840.50	31.36%
Total	\$149,873.48	\$25,000.00	100.00%

Our financial investigation reveals that Mr. Markarian is unemployed and lives with relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 55B
DATE: May 8, 2003

Amount of Aid	\$105,368.00	Account Number	10673444
Amount Paid	.00	Name	Rodriguez, Julio (Minor)
Balance Due	105,368.00	Service Date	07/04/02 to 07/19/02
Compromise Amount Offered	10,047.76	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 95,320.24	Service Type	Inpatient

JUSTIFICATION

Julio Rodriguez, a minor, was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$105,368.00. There is no Medical or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,500.00	\$ 7,500.00	25.00%
Attorney Cost	410.00	410.00	1.36%
American Medical Response	951.25	951.25	3.17%
Sav-on Drug Store	45.99	45.99	0.16%
County of Los Angeles	105,368.00	10,047.76	33.49%
Net to Client	N/A	11,045.00	36.82%
Total	\$114,275.24	\$30,000.00	100.00%

Our financial investigation reveals that Julio Rodriguez, a minor, is supported by a single parent. The parent, who is on a marginal income, supports another dependent and has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 55C
DATE: May 8, 2003

Amount of Aid	\$23,492.00	Account Number	10458317
Amount Paid	.00	Name	Uong, Dung
Balance Due	23,492.00	Service Date	01/30/00 to 02/04/00
Compromise Amount Offered	3,191.35	Facility	LAC USC Medical Center
Amount to be Written Off	\$20,300.65	Service Type	Inpatient

JUSTIFICATION

Ms. Uong was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$23,492.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$ 8,225.14	32.90%
Attorney Cost	324.59	324.59	1.30%
Kaiser	33,378.32	4,532.05	18.13%
Alhambra Pain Care Clinic	2,905.00	394.81	1.58%
Neo Medical Health Center	750.00	106.93	0.43%
County of Los Angeles	23,492.00	3,191.35	12.76%
Net to Client	N/A	8,225.13	32.90%
Total	\$70,849.91	\$25,000.00	100.00%

Our financial investigation reveals that Ms. Uong is unemployed. She and her family of three are surviving on the proceeds from the sale of the family business. They have no source of income and no tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 55D
DATE: May 8, 2003

Amount of Aid	\$38,463.00	Account Number	10592773
Amount Paid	.00	Name	Figueroa, Adam (Minor)
Balance Due	38,463.00	Service Date	05/07/01 to 09/24/01
Compromise Amount Offered	5,203.55	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$33,259.45	Service Type	Inpatient/Outpatient

JUSTIFICATION

Adam Figueroa, a minor, was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$38,463.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,750.00	\$ 3,750.00	25.00%
Attorney Cost	250.00	250.00	1.67%
San Miguel Medical Center	2,189.50	296.45	1.98%
County of Los Angeles	38,463.00	5,203.55	34.69%
Net to Client	N/A	5,500.00	36.66%
Total	\$44,652.50	\$15,000.00	100.00%

Our financial investigation reveals that Adam Figueroa, a minor, is supported by his mother with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 55E
DATE: May 8, 2003

Amount of Aid	\$26,440.00	Account Number	10617033
Amount Paid	.00	Name	Allen, Karen L.
Balance Due	26,440.00	Service Date	09/14/01 to 09/18/01
Compromise Amount Offered	4,935.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$21,505.00	Service Type	Inpatient

JUSTIFICATION

Ms. Allen was involved in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$26,440.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,935.00	\$ 4,935.00	32.90%
Attorney Cost	195.92	195.92	1.30%
County of Los Angeles	26,440.00	4,935.00	32.90%
Net to Client	N/A	4,934.08	32.90%
Total	\$31,570.92	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Allen supports herself and daughter with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 55F
DATE: May 8, 2003

Amount of Aid	\$40,786.00	Account Number	10644448
Amount Paid	.00	Name	Cortez, Daniel A.
Balance Due	40,786.00	Service Date	12/31/01 to 02/20/02
Compromise Amount Offered	4,643.00	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$36,143.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Cortez was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$40,786.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Cost	257.50	257.50	1.71%
Family Care Chiropractic	1,660.00	750.00	5.00%
Del Carmen Medical Center	725.00	300.00	2.00%
County of Los Angeles	40,786.00	4,643.00	30.96%
Net to Client	N/A	3,049.50	20.33%
Total	\$49,428.50	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Cortez supports himself with a marginal income. He has no other source of income or tangible assets.